

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10664341

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIMS						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP			
1	/							51						
2	/							52						
3	/							53						
4		3						54						
5		3						55						
6		3						56						
7		3						57						
8		1						58						
9		2						59						
10		2						60						
11		2						61						
12		1						62						
13		1						63						
14		1						64						
15		1						65						
16		1						66						
17		3						67						
18		1						68						
19		1						69						
20		2						70						
21		2						71						
22		2						72						
23		2						73						
24		2						74						
25		2						75						
26		2						76						
27		2						77						
28		2						78						
29		2						79						
30		2						80						
31		2						81						
32		1						82						
33		1						83						
34		1						84						
35		3						85						
36		3						86						
37		3						87						
38		1						88						
39		3						89						
40		1						90						
41		3						91						
42		3						92						
43		3						93						
44		3						94						
45		3						95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	85							TOTAL DEP.						
TOTAL CLAIMS	88							TOTAL CLAIMS						